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** CONTINUING DATA *****

This appln claims benefit of 60/394,858 07/10/2002 *H.S.*

** FOREIGN APPLICATIONS *****

H.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

09/12/2003

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 18	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>H.S.</i> Initials				

ADDRESS

23535

TITLE

Expression profile of lung cancer

FILING FEE RECEIVED 482	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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